FILED
Mar 17, 2008 8:00 am
Secretary of State
02-14-2008 90073 034 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000028211

1. Entity Name
MONTENEGRO, RAIMER AND PRIETO, LLC

Principal Place of Business	Mailing Address
603 SEVENTH STREET SOUTH, STE. 520 ST. PETERSBURG, FL 33701	603 SEVENTH STREET SOUTH, STE. 520 ST. PETERSBURG, FL 33701

30002345

02072008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
625 6th Avenue S.	625 6th Avenue S.
Suite, Apt. #, etc.: Suite 340	Suite, Apt. #, etc.: Suite 340
City & State: St. Petersburg FL	City & State: St. Petersburg FL
Zip: 33701 County: US	Zip: 33701 County: US

4. FEI Number: 20-8639022 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RAIMER, KAREN M.D. 603 SEVENTH STREET SOUTH, STE. 520 ST. PETERSBURG, FL 33701	Name Street Address (P.O. Box Number is Not Acceptable): 625 6th Avenue S. Suite 340 City: St. Petersburg FL Zip Code: 33701

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Karen Raimer MD 2/11/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Karen RAIMER MD 625 6th AVE S STE 340 St Petersburg FL 33701 President ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~RAUL AND~~ Jose Prieto MD 625 6th AVE S STE 340 St Petersburg FL 33701 Vice president ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RAUL montenegro MD 625 6th AVE S STE 340 Treasurer St Petersburg FL 33701 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Karen Raimer MD 2/11/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #